



PARKS, RECREATION & CULTURAL SERVICES  
City Hall ♦ 17500 Midvale Avenue North ♦ Shoreline, WA 98133-4921  
Registration (206) 801-2600 ♦ Registration Fax (206) 393-3380  
[www.shorelinewa.gov/parks](http://www.shorelinewa.gov/parks)

## **2014 Recreation Program Scholarship Application**

### **Scholarship Program Philosophy**

The City of Shoreline wishes to make public recreation programs available to all youth and specialized recreation participants and recognizes that financial hardships may prevent the ability to pay for the program fees. To accommodate these special needs, the City of Shoreline provides scholarship funds for 2014 programs.

The 2014 Scholarship Fund provides each qualified participant (**resident of the City of Shoreline**) with **\$50.00 per quarter** toward Recreation or Aquatics programs.

### **IMPORTANT:**

If you wish to withdraw from a program after registering, you must call the Parks, Recreation and Cultural Services office at (206) 801-2600 *at least three days before the first class meeting*. **If you do not call, your scholarship benefits will be void for the remainder of the year.**

**SCHOLARSHIP ELIGIBILITY** - To receive a scholarship, you must show proof of **one** of the following for one dependent in your home:

- |   |           |          |
|---|-----------|----------|
| • Does your elementary school age child participate in the Shoreline Public Schools' free or reduced lunch program? | _____ Yes | _____ No |
| • Does your preschool-age child participate in the Head Start program?  | _____ Yes | _____ No |
| • Are you currently receiving State subsidized day care?  | _____ Yes | _____ No |
| • Does your family receive food stamps, or have a DSHS Services Card?   | _____ Yes | _____ No |

DOCUMENTATION verified: (staff initials) \_\_\_\_\_

**NOTE: If you have other special circumstances or a reason for reduced income requiring additional support, please contact the Parks, Recreation and Cultural Services office at (206) 801-2600. Special circumstances will be reviewed on a case-by-case basis.**

Participant Name: _____	dob _____	M or F _____	Participant Name: _____	dob _____	M or F _____
Participant Name: _____	dob _____	M or F _____	Participant Name: _____	dob _____	M or F _____
Parent/Guardian Name: _____					
Home Phone: _____		Work Phone: _____		Cell Phone: _____	
Address _____			E-mail address: _____		
City _____		Zip Code _____			
X Parent/Guardian Signature _____			Date _____		

**Please sign and date this form. We must have this completed form returned to us with your registration form.**

### **FOR OFFICE USE ONLY**

Application <input type="checkbox"/> Approved by: _____	Date _____
Application <input type="checkbox"/> NOT Approved by: _____	Date _____